

**LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS**  
**Medicaid Pharmaceutical and Therapeutics Committee Meeting**  
February 10, 2010  
Galvez Building  
Oliver Polluck/Pensacola Rooms  
602 North Fifth Street  
Baton Rouge, LA

**MINUTES**

**MEMBERS PRESENT:**

John E. Firestone, Jr., MD  
Conchetta Fulton, PharmD  
Amy Givler, MD  
Larry J. Hebert, MD  
James E. Hussey, MD  
Edward C. Mader, Jr, MD  
Marty R. McKay, RPh  
Melvin Murrill, MD  
Kenyatta D. Shamlin, MD  
Julie Wilkinson, PharmD  
Rodney Wise, MD  
Neil Wolfson, MD  
Lolie C. Yu, MD

**MEMBERS ABSENT:**

Mary Gauthier-Lewis,  
    Pharm D  
Anita Kablinger, MD  
Fred Mills,RPh, State Rep.  
Mohammad Suleman, MD  
Leonard Weather, Jr, MD

**DHH PHARMACY  
PROGRAM STAFF**

**PRESENT:**

M. J. Terrebonne, RPh  
    Director  
Rachel Broussard, RPh  
Germaine Becks-Moody,  
    PhD, BHSF  
    Program Manager  
Timothy Williams, BHSF  
    Program Manager  
Carol Rumfola,  
    Administrative  
    Assistant

**OTHER DHH STAFF  
PRESENT:**

Kimberly Sullivan, Attorney  
Daniel L. Duhon, Attorney

**CONTRACTORS**

**PRESENT:**

Chris Andrews, PharmD,  
    Provider Synergies  
Kris Rawlings, PharmD,  
    Provider Synergies  
    via telephone  
Tara Torres-Blank, Certified  
    Court Reporter

**OTHERS PRESENT:**

Presenters are listed in the  
minutes, and sign in sheets of  
others in attendance are  
available from DHH, Bureau  
of Health Services Financing,  
Pharmacy Benefits Section  
upon request.

**Call to Order:**

Dr. Larry Hebert, Chairman, called the meeting to order at 9:19 a.m.

**Parliamentary Business:**

- A. **Introduction of Members and DHH Staff.** Committee members introduced themselves, and Ms. M. J. Terrebonne introduced the DHH staff. Roll call followed.
- B. **Approval of Minutes.** Mr. McKay offered a motion to approve the minutes of the August 12, 2009 meeting as submitted. Dr. Fulton seconded the motion which passed.

**P&T Committee Overview:**

- A. **Pharmaceutical and Therapeutics Committee Background.** Ms. M. J. Terrebonne, RPh, the DHH Medicaid Pharmacy Program Director, presented an overview of the Pharmaceutical and Therapeutics (P&T) Committee and the legislation that authorized the creation of a prior authorization (PA) drug program, a preferred drug list (PDL), supplemental rebates, and the P&T Committee. Her comments follow.

"Act 395 authorizes the Department of Health and Hospitals to establish a drug list utilizing a prior approval process or any other processes or combination of processes that prove to be cost effective in the Medicaid program.

We have entered in contractual arrangements with the University of Louisiana at Monroe (ULM) to perform the PA function and also with Provider Synergies.

The Medicaid P&T Committee was established in August of 2001. It consists of 21 members appointed by the Governor. Their charge is to review clinical and cost data on various therapeutic classes of drugs. We currently meet biannually.

On June 10, 2002, the Department implemented the preferred drug list (PDL) with prior authorization (PA) as well as a Supplemental Drug Rebate Program through a phased in approach.

With ULM, through the PA function, and Provider Synergies to negotiate the State supplemental rebates, the preferred drug list is updated biannually in April and October based on the Committee's recommendations.

Provider Synergies negotiates the State supplemental rebates with the drug manufacturers. They prepare therapeutic class reviews; they provide cost analysis information from the therapeutic classes; and they develop clinically sound and cost-effective recommendations to develop and manage the PDL.

As you can see from this slide from the various years the number of classes has grown. We currently have sixty-eight (68) therapeutic classes that are reviewed. (*Attachment 1*)

Just to give you a little information on the Pharmacy Program, as you can see, in Fiscal Year 2009, there were over 10 million pharmacy claims paid for over 800,000 Medicaid recipients for an expenditure total of \$830 million.

In federal rebates we obtained \$256 million, and we received \$45 million in State supplemental rebates. So our net expenditures were \$528 million."

**B. P&T Bylaws.** DHH Staff Attorney, Ms. Kimberly Sullivan, presented the Committee's Bylaws. She told the Committee that it serves at the pleasure of the Governor, and the members may not entertain individuals lobbying or marketing or partake of any other activities that would call into question their impartiality when they vote on drugs recommended for the preferred drug list.

The chairman and vice chairman are elected by the members of the Committee. The Committee shall meet quarterly or as prescribed by the chairman. Regular meetings are held on the first Wednesday of the month or on the next available Wednesday.

She said the Committee is governed by Robert's Rules of Order and must provide an opportunity for public comment, subject to reasonable rules that are adopted by the Committee. The Committee cannot take up an item that is not on the agenda, unless there's unanimous approval of all the members present at the meeting. Prior to any vote on the motion to take up a new agenda item, there shall be an opportunity for public comment.

The Bylaws can be amended by the majority of the members, and a copy of any new proposed Bylaws must be provided at least two weeks before anyone votes on them.

A forum of this Committee is established by the presence of the majority, and five have to be physicians and one has to be a pharmacist. If there is no quorum, the meeting must be cancelled and rescheduled at the earliest possible date.

- C. **Ethics Review.** Ms. Sullivan addressed the Committee and provided updated information on the Louisiana Code of Governmental Ethics as it relates to the Committee. She said members of the Committee must comply with the Louisiana Code of Governmental Ethics.

Ms. Sullivan said actions by the P&T Committee are considered Executive Branch actions, and the state statute specifically prohibits lobbying P&T Committee members.

She told the members they are deemed State employees and that's why they must comply with the Code. Section 115 of the Code prohibits a public servant from soliciting or accepting a thing of economic value from a person who has or seems to have a contractual business or financial relationship with the public servant's agency or who has a substantial economic interest or would be substantially affected by the performance or nonperformance of a public servant's official duties. There have been some rulings about things of economic value.

She said pharmaceutical samples are not considered a thing of economic value as long as they are given to a patient at no cost, and Committee members can accept notepads, pens and similar items from pharmaceutical companies. Also, members can have meals paid for by a pharmaceutical company as long as the meals are consumed in the pharmaceutical company representative's presence. The new \$50 limit per event applies. The limit does not apply to a gathering held in conjunction with a meeting relating to a national or regional organization or a meeting of a statewide organization of government officials.

She told the members they are prohibited from receiving honorariums or reimbursement of any kind, including grants from pharmaceutical companies included or seeking to be included on the PDL or have matters before the Committee. Members can attend a conference or seminar sponsored by a pharmaceutical company, but the members must pay their own expenses associated with the trip. Also, if a member is employed by a university, the member cannot solicit grants from the pharmaceutical companies on behalf of the university. Ms. Sullivan also informed the members they are not required to file financial disclosure statements under the new ethics rules.

She cautioned the members they should get an advisory opinion from the Louisiana Board of Ethics if they have any questions or concerns about compliance with the Code of Ethics. The website for the Board of Ethics is [www.ethics.state.la.us](http://www.ethics.state.la.us). The Board's address is P.O. Box 4368, Baton Rouge, LA 70821, and the telephone numbers are 225-219-5600 or 1-800-842-6630.

Ms. Sullivan offered to answer any questions the members may have. Her email address is [kimberly.sullivan@la.gov](mailto:kimberly.sullivan@la.gov) and her telephone number is 225-342-1128.

- D. **Travel Regulations.** Ms. Terrebonne told the Committee members the Travel Regulations Guide was sent to them prior to the meeting. She requested they contact Dr. Germaine Becks-Moody, her staff member, after the meeting if they had any questions.

**Reports:**

- A. **Prior Authorization (PA) Monthly Report.** Ms. M. J. Terrebonne called the Committee members' attention to the PA Report included in their packets. She said the report shows monthly PA data and indicates trends in PA requests. (*Attachment 2*)
- B. **PDL Reflecting August 12, 2009 P & T Committee Recommendations.** Ms. Terrebonne reported copies of the latest version of the PDL, which included the Pharmaceutical and Therapeutics (P&T) Committee's August 12, 2009 meeting recommendations were in the members' packets. These recommendations became effective October 1, 2009. (*Attachment 3*)

**New Business:**

- A. **Revised Reimbursement Methodology for Generics.** Ms. Terrebonne informed the Committee that DHH has been addressing the issue of reimbursement methodologies regarding generic drugs. On February 1<sup>st</sup> the Department implemented a new reimbursement methodology for approximately 1,010 unique generic descriptions. The new methodology may have some impact on some of the therapeutic classes that are scheduled for review in today's meeting. She said Dr. Chris Andrews, Provider Synergies, and she would be available to answer the members' questions.
- B. **Explanation of TOP\$, Monographs and Cost Sheets.** Dr. Chris Andrews, Provider Synergies, introduced Dr. Kris Rawlings via telephone. Dr. Andrews explained they both work with the Louisiana account. He said that Provider Synergies currently works with seven (7) states in their PDL programs.

He explained Louisiana is a member of the TOP\$ Program. It is a multi-state purchasing pool. TOP\$ stands for *The Optimal PDL Solution*. Louisiana is a charter member of the pool established in 2005. This year Louisiana is one of seven states participating in the pool. He emphasized, while Provider Synergies tries to make recommendations that are the same across all states, the state does have final authority on its PDL.

He said that federal rebates are paid by manufacturers covered by the Medicaid program. In addition some states require state supplemental rebates, and that is the program with which Provider Synergies works. Provider Synergies negotiates rebates for its contract states. The supplemental rebate contracts are negotiated for one year. He said Provider Synergies does not receive any portion of the rebates.

Dr. Andrews then explained the therapeutic classifications selected for review and the monographs used by the Committee for deliberations. The date on the title page of each class monograph represents the date of the last edit of the monograph. The relative cost symbols shown on the monograph cost sheets are used to explain the relative costs of products in a class as state law requires confidentiality on the rebates.

- C. **Public Testimony.** In accordance with state law and the P&T Committee's Bylaws, the following provided public testimony or answered questions raised by the Committee during the Committee's review of the therapeutic classes.

PRESENTER	REPRESENTING	DRUG/ISSUE
Carla Schad, MD	OMJSA/Johnson & Johnson	Nucynta
Kirk Zenko	Boehringer Ingelheim	Micardis
Julia Compton	Novartis	Diovan, Tekturna

Kathleen Pinto	Bristol Myers Squibb	Avapro/Avolide
Craig Turner	DSI	Benicar
Kirk Zenko	Boehringer Ingelheim	Twynsta
Julia Compton	Novartis	Exforge, Valurna
Craig Turner	DSI	Azor, Benicar HCT
Randy Beckner	GSK	Arixtra
Michael Jones	GSK	Treximet
Mike DeLucia	Forest	Bystolic
Cherie Robertson	Pfizer	Toviaz
Ben Sosna	Astellas	VESIcare
Michael Jones	GSK	Avodart
Robert Genevre, MD	Ochsner	Nutropin, Nutropin AQ
Jignesh Patel, PharmD	Novo Nordisk	Norditropin
Stephanie Baumborie	TEVA	Tev-tropin
Derek Terry, PharmD	Genentech	Pegasys
Claudia Amidon	Merck	Pegintron
Randy Beckner	GSK	Avandia Family
Randy Beckner	GSK	Lovaza
Cherie Robertson	Pfizer	Caduet
Pam Sardo	Abbott	Trilipix, Tricor, Nispan
Claudia Amidon	Merck	Zedia
Kristen Dulite	Astra Zeneca	Crestor
Pam Sardo	Abbott	Simcor
Cherie Robertson	Pfizer	Lipitor
Claudia Amidon	Merck	Vytorin
Lawrence, Maness	Biogen	Avonex
Jamie Tobitt, PharmD	TEVA	Copaxone
Julia Compton	Novartis	Extavia
Peters, MD	Alcon	Ciprodex
Ali Toumadj	Gileud Sciences	Letairis
Evette Brooks	Actelion	Traicleer, Ventavis
Melanie McKnight, MD	Genzyme	Renvela, Renagel
Debra Walters, MD	Astra Zeneca	Nexium
Dr. Reddy	BR GI	Kapidex
Patrick Harvey	Sepracor	Lunesta
Kenneth Jackson	Shionogi	Ulesfia
Matt Bourne	Merck	Saphris
James Barbee, MD	----	Saphris
John Prosser	OMJSA	Invega Sustenna
Dr. Vyas	Self	Invega Sustenna
Kris Washington	Bristol Myers Squibb	Onglyza
Deanine Halliman, PhD	Bausch & Lomb	Besivance
Jana Snardonsky	Euramo	Zenpep
Steve Cheng	Lilly	Effient
Angela LeDay	Shire	Intuniv
John Back, MD	Self	Intuniv

*(Transcripts of testimonies are available from DHH, Bureau of Health Services Financing, Pharmacy Benefits Section, upon request.)*

- D. **Therapeutic Classes Reviews.** Twenty-eight (28) therapeutic classes in *Group One* of the *Ninth Review Cycle* were reviewed. Monograph summaries were sent to the Committee prior to the meeting. Public comment was received for each therapeutic class prior to Committee discussion and action in accordance with state law and the P&T Committee's Bylaws. Committee proceedings follow:

**Class Review**

**Number**

**9-1;1. Analgesics, Narcotics Long Acting**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Yu, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Fentanyl Transdermal (Generics only)  
Methadone HCL  
Morphine Sulfate ER (Generic)  
Morphine Sulfate ER (Kadian)  
Tramadol ER (Generics only)

*Committee Recommendations for the NPDL are:*

Fentanyl Transdermal (Duragesic Matrix)  
Fentanyl Transdermal (Duragesic Transdermal)  
Morphine Sulfate ER (Avinza)  
Morphine Sulfate ER/Naltrexone (Embeda)  
Oxycodone ER  
Oxycodone (OxyContin)  
Oxymorphone ER (Opana ER)  
Tramadol ER (Ryzolt)  
Tramadol ER (Ultram ER)

**9-1;2. Analgesics, Narcotics Short Acting**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Fulton, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Acetaminophen w/Codeine  
Butalbital Compound with Codeine  
Codeine Phosphate  
Codeine Sulfate  
Dihydrocodeine bitartrate/Acetaminophen/Caffeine (Generics only)  
Hydrocodone/Acetaminophen  
Hydrocodone/Ibuprofen  
Hydrocodone/Ibuprofen (Reprexain)  
Hydromorphone  
Meperidine  
Morphine Sulfate IR  
Oxycodone  
Oxycodone/Acetaminophen  
Oxycodone w/Aspirin  
Oxycodone/Ibuprofen  
Pentazocine/Acetaminophen  
Pentazocine/Naloxone  
Propoxyphene

Propoxyphene w/APAP  
Propoxyphene Napsylate w/APAP  
Tramadol  
Tramadol/Acetaminophen

*Committee Recommendations for the NPDL are:*

Dihydrocodeine bitartrate/Acetaminophen/Caffeine (Panlor DC)  
Fentanyl Citrate Buccal - Generic  
Fentanyl Buccal (Fentora)  
Fentanyl Buccal (Onsolis)  
Hydrocodone/Acetaminophen (Zamicet)  
Hydrocodone/Ibuprofen (Ibudone)  
Hydromorphone Liquid (Dilaudid)  
Opium Tincture  
Oxymorphone (Numorphan)  
Oxymorphone IR (Opana)  
Propoxyphene Napsylate (Darvon-N)  
Tapentadol (Nucynta)

*Note:* Aspirin w/Codeine was removed from the market.

**9-1;3. Angiotensin Modulator Combinations**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation. The motion was seconded by Dr. Firestone. Discussion followed. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Amlodipine/Benazepril (Generic)  
Amlodipine/Benazepril (Lotrel)  
Amlodipine/Olmesartan (Azor)  
Amlodipine/Valsartan (Exforge)  
Amlodipine/Valsartan/HCTZ (Exforge HCT)  
Valsartan/Aliskiren (Valturna)  
Verapamil SR/Trandolapril (Tarka)

*Committee Recommendations for the NPDL are:*

Amlodipine/Telmisartam (Twinsta)

**9-1;4. Angiotensin Modulators: ACE Inhibitors & Direct Renin Inhibitors**

Dr. Murrill offered the motion to accept Provider Synergies' recommendation. The motion, seconded by Dr. Wolfson, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Benazepril  
Benazepril/HCTZ  
Captopril  
Captopril/HCTZ  
Enalapril  
Enalapril/HCTZ  
Fosinopril

Fosinopril/HCTZ  
Lisonopril  
Lisonopril/HCTZ  
Losartan (Cozaar)  
Losartan/HCTZ (Hyzaar)  
Quinapril  
Quinapril/HCTZ  
Ramipril  
Telmisartan (Micardis)  
Telmisartan/HCTZ (Micardis HCT)  
Trandolapril  
Valsartan (Diovan)  
Valsartan/HCTZ (Diovan HCT)

*Committee Recommendations for the NPDL are:*

Aliskiren (Tekturna)  
Aliskiren/HCTZ (Tekturna HCT)  
Candesartan (Atacand)  
Candesartan/HCTZ (Atacand HCT)  
Eprosartan (Teveten)  
Eprosartan/HCTZ (Teveten HCT)  
Irbesartan (Avapro)  
Irbesartan/HCTZ (Avalide)  
Moexipril  
Moexipril/HCTZ  
Olmesartan (Benicar)  
Olmesartan/HCTZ (Benicar HCT)  
Perindopril (Aceon)  
Perindopril (Generic)

**9-1;5. Antibiotics, Gastrointestinal**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Wolfson, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Metronidazole  
Neomycin  
Nitazoxanide (Alinia)  
Tinidazole (Tindamax)  
Vancomycin (Vancocin)

*Committee Recommendations for the NPDL are:*

Metronidazole ER (Flagyl ER)  
Rifaximin (Xifaxan)

**9-1;6. Anticoagulants, Injectables**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Yu, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Dalteparin (Fragmin)  
Enoxaparin (Lovenox)  
Fondaparinux (Arixtra)

*Committee Recommendations for the NPDL are:*

None

*Note:* Tinzaparin (Innohep) is no longer available.

**9-1;7. Antihistamines, Minimally Sedating**

Dr. Givler offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Murrill, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Cetirizine (Generic)  
Cetirizine Chewable (Generic)  
Cetirizine-D (Generic)  
Certirizine Syrup OTC  
Cetirizine Syrup Rx  
Loratadine (Generic)  
Loratadine-D (Generic)  
Loratadine Syrup (Generic)

*Committee Recommendations for the NPDL are:*

Acrivastin/Pseudoephedrine (Semprex-D)  
Desloratadine (Clarinex)  
Desloratadine Chew OTC (Clarinex Chew OTC)  
Desloratadine Syrup (Clarinex)  
Desloratadine/Pseudoephedrine (Clarinex-D)  
Fexofenadine  
Fexofenadine-D 12-hour (Generic)  
Fexofenadine ODT (Allegra ODT)  
Fexofenadine/Pseudoephedrine (Allegra-D 12-hour)  
Fexofenadine/Pseudoephedrine (Allegra-D 24-hour)  
Fexofenadine Syrup (Allegra Syrup)  
Levocabant (Xyzal)  
Levocabant Syrup (Xyzal)  
Loratadine Chewable OTC – (Claritin)

**9-1;8. Antimigraine Agents, Triptans**

Dr. Mader offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Wolfson, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Rizatriptan (Maxalt, Maxalt MLT)  
Sumatriptan (Imitrex Injection)  
Sumatriptan (Imitrex Nasal)

Sumatriptan (Imitrex Oral)  
Sumatriptan/Naproxen (Treximet)

*Committee Recommendations for the NPDL are:*

Almotriptan (Axert)  
Eletriptan (Relpax)  
Frovatriptan (Frova)  
Naratriptan (Amerge)  
Sumatriptan Injection – Generic only  
Sumatriptan Nasal – Generic only  
Sumatriptan Oral – Generic only  
Zolmitriptan (Zomig, Zomig ZMT)  
Zolmitriptan (Zomig Nasal)

#### **9-1;9. Beta Blockers**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion was seconded by Dr. Wolfson. Discussion followed.

Then Dr. Mader offered a motion to add Bystolic to the PDL list recommended by Provider Synergies. Dr. Shamlan seconded the motion. Discussion followed. The motion to add Bystolic passed with 9 yeas and 3 nays.

The Committee then voted to include Provider Synergies' recommendations plus Bystolic on the PDL. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Acebutolol  
Atenolol  
Atenolol/Chlorthalidone  
Bisoprolol  
Bisoprolol/HCTZ  
Carvedilol  
Labetalol  
Metoprolol  
Metoprolol/HCTZ  
Metoprolol Succinate ER  
Metoprolol Succinate ER (Toprol XL)  
Nadolol  
Nadolol/Bendroflumethiazide  
Nebivolol (Bystolic)  
Penbutolol (Levatol)  
Pindolol  
Propranolol  
Propranolol ER (Innopran XL)  
Propranolol LA  
Propranolol/HCTZ  
Sotalol  
Sotalol AF  
Timolol Maleate

*Committee Recommendations for the NPDL are:*

Betaxolol

Carvedilol CR (Coreg CR)

**9-1;10. Bladder Relaxant Preparations**

Dr. Wilkinson offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Wolfson, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Darifenacin (Enablex)

Fesoterodine ER (Toviaz)

Oxybutynin

Solifenacina (VESIcare)

*Recommendations for the NPDL are:*

Oxybutynin ER

Oxybutynin Gel (Gelnique Transdermal)

Oxybutynin Transdermal (Oxytrol)

Tolterodine (Detrol)

Tolterodine ER (Detrol LA)

Trospium (Sanctura)

Trospium XR (Sanctura XR)

**9-1;11. Benign Prostatic Hyperplasia (BPH) Treatments**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Wilkinson, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Alfuzosin

Doxazosin

Finasteride

Tamsulosin (Flomax)

Terazosin

*Committee Recommendations for the NPDL are:*

Doxazosin XL (Cardura XL)

Dutasteride (Avodart)

Silodosin (Rapaflo)

**9-1;12. Calcium Channel Blockers**

Dr. Murrill offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Wolfson, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Amlodipine

Diltiazem IR

Diltiazem ER (Generics only)

Diltiazem SR  
Felodipine ER  
Isradipine  
Nicardipine  
Nifedipine ER  
Nifedipine IR  
Nimodipine  
Verapamil  
Verapamil ER-(Generics only)  
Verapamil IR  
Verapamil SR

*Committee Recommendations for the NPDL are:*

Diltiazem ER (Cardizem LA)  
Isradipine SR (Dynacirc CR)  
Nicardipine SR (Cardene SR)  
Nisoldipine (Sular)  
Nisoldipine (Generics)  
Verapamil ER (Covera HS)  
Verapamil ER PM

#### **9-1;13. Erythropoiesis Stimulating Proteins**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Yu, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Darbepoetin (Aranesp)  
Epoetin alfa (Procrit)

*Committee Recommendations for the NPDL are:*

Epoetin alfa (Epogen)

#### **9-1;14. Growth Hormones**

Dr. Wilkinson offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Firestone, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Somatropin (Genotropin)  
Somatropin (Norditropin)  
Somatropin (Nutropin)  
Somatropin (Nutropin AQ)

*Committee Recommendations for the NPDL are:*

Somatropin (Humatrope)  
Somatropin (Omnitrope)  
Somatropin (Saizen)  
Somatropin (Serostim)  
Somatropin (Tev-Tropin)  
Somatropin (Zorbtive)

#### **9-1;15. Hepatitis C Agents**

Mr. Wolfson offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Fulton, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL:*

Ribavirin  
Peginterferon alfa-2a (PEGASYS)

*Committee Recommendations for the NPDL:*

Consensus Interferon (Infergen)  
Peginterferon alfa-2b (PEG-Intron)  
Peginterferon alfa-2b (PEG-Intron Redipen)

#### **9-1;16. Hypoglycemics, Meglitinides**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation. The motion was seconded by Dr. Mader. Discussion followed. The motion then passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Repaglinide (Prandin)

*Committee Recommendations for the NPDL are:*

Nateglinide  
Nateglinide (Starlix)  
Repaglinide/Metformin (Prandimet)

#### **9-1;17. Hypoglycemics, Thiazolidinediones (TZDs)**

Dr. Murrill offered the motion to accept Provider Synergies' recommendation. The motion seconded by Mr. McKay, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Pioglitazone (Actos)  
Pioglitazone/Glimeperide (Duetact)  
Pioglitazone/Metformin (Actoplus Met)  
Rosiglitazone (Avandia)  
Rosiglitazone/Glimeperide (Avandaryl)  
Rosiglitazone/Metformin (Avandamet)

*Committee Recommendations for the NPDL are:*

None

#### **9-1;18. Impetigo Agents, Topical**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Wilkinson, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Mupirocin Ointment Topical

*Committee Recommendations for the NPDL are:*

Mupirocin Cream Topical (Bactroban)  
Retapamulin (Altabax)

**9-1;19. Lipotropics, Other**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Wolfson, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Cholestyramine  
Colestipol  
Fenofibrate (Antara)  
Fenofibrate (Tricor)  
Fenofibric Acid (Trilipix)  
Gemfibrozil  
Niacin ER (Niaspan)  
Niacin IR (Niacor)

*Committee Recommendations for the NPDL are:*

Colesevelam (WelChol)  
Ezetimibe (Zetia)  
Fenofibrate (Fenoglide)  
Fenofibrate (Generic)  
Fenofibrate (Lipofen)  
Fenofibrate (Triglide)  
Fenofibric Acid (Generic)  
Fenofibric Acid (Fibrincor)  
Omega-3-acid ethyl esters (Lovaza)

**9-1;20. Lipotropics, Statins**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation. The motion was seconded by Mr. McKay. Discussion followed.

Then Dr. Murrill offered a motion to add Caduet to the PDL list recommended by Provider Synergies. There was no second to the motion.

The Committee then voted on the original motion to accept Provider Synergies' recommendations. The motion passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Atorvastatin (Lipitor)  
Fluvastatin (Lescol)  
Fluvastatin XL (Lescol XL)  
Lovastatin  
Niacin ER/Simvastatin (Simcor)  
Pravastatin  
Rosuvastatin (Crestor)  
Simvastatin

*Committee Recommendations for the NPDL are:*

Amlodipine/Atorvastatin (Caduet)  
Ezetimibe/Simvastatin (Vytorin)  
Lovastatin ER (Altoprev)  
Niacin ER/Lovastatin (Advicor)

**9-1;21. Multiple Sclerosis Agents**

Dr. Mader offered the motion to accept Provider Synergies' recommendation. The motion was seconded by Dr. Givler. Discussion followed.

Then Dr. Mader offered a motion to include Avonex in the PDL list recommended by Provider Synergies. Dr. Givler seconded the motion. Discussion followed. The motion to add Avonex passed with 8 yeas and 4 nays.

The Committee then voted to include Provider Synergies' recommendations plus Avonex on the PDL. The motion passed with 11 yeas and 1 nay by Dr. Fulton.

*Committee Recommendations for the PDL are:*

Glatiramer (Copaxone)  
Interferon  $\beta$ -1a (Avonex)  
Interferon  $\beta$ -1a (Rebif)  
Interferon  $\beta$ -1b (Betaseron)

*Committee Recommendations for the NPDL are:*

Interferon  $\beta$ -1b (Extavia)

**9-1;22. Otic Antibiotics (New Name)**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Murrill, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Ciprofloxacin/Dexamethasone (Ciprodex Otic)  
Neomycin/Colistin/Thonzonium/HC (Coly-mycin S)  
Neomycin/Colistin/Thonzonium/HC (Cortisporin-TC)  
Neomycin/Polymyxin/HC  
Ofloxacin (Generic)  
Ofloxacin (Floxin)

*Committee Recommendations for the NPDL are:*

Ciprofloxacin (Cetraxal Otic)  
Ciprofloxacin/Hydrocortisone (Cipro HC Otic)

**9-1;23. Pulmonary Arterial Hypertension (PAH) Agents, Oral and Inhalation**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Givler, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Ambrisentan (Letairis)  
Bosentan (Tracleer)  
Iloprost (Ventavis)  
Sildenafil (Revatio)

*Committee Recommendations for the NPDL are:*

Tadalafil (Adcirca)  
Treprostinil (Tyvaso)

#### **9-1;24. Phosphate Binders**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Givler, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Calcium Acetate (PhosLo)  
Lanthanum Carbonate (Fosrenol)  
Sevelamer HCl (RenaGel)

*Committee Recommendations for the NPDL are*

Calcium Acetate (Generic)  
Calcium Acetate (Eliphos)  
Sevelamer HCl (Renvela)

#### **9-1;25. Proton Pump Inhibitors**

Mr. McKay offered the motion to accept Provider Synergies' recommendation. The motion was seconded by Dr. Givler. Discussion followed.

Then Dr. Givler offered a motion to add Kapidex to the PDL list recommended by Provider Synergies. Dr. Murrill seconded the motion. Discussion followed. Then Dr. Givler withdrew her motion to add Kapidex.

The original motion to accept Provider Synergies' recommendation passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Esomeprazole (Nexium)  
Omeprazole (Generic legend only)

*Committee Recommendations for the NPDL are:*

Dexlansoprazole (Kapidex)  
Esomeprazol Suspension (Nexium)  
Lansoprazole  
Lansoprazole Capsule (Prevacid)  
Lansoprazole Solutabs (Prevacid)  
Omeprazol Suspension (Prilosec)  
Pantoprazole  
Pantoprazole Suspension (Protonix)  
Rabeprazole (Aciphex)

**Note:** Lansoprazole Suspension (Prevacid) was removed from the market.

**Note:** Omeprazole/Sodium Bicarbonate (Zegerid) is not covered by the program as the company does not offer the federally mandated rebate required for program coverage.

#### **9-1;26. Sedatives/Hypnotics**

Dr. Wilkinson offered the motion to accept Provider Synergies' recommendation. The motion seconded by Dr. Wolfson, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Chloral Hydrate  
Temazepam  
Triazolam  
Zaleplon  
Zolpidem

*Committee Recommendations for the NPDL are:*

Estazolam  
Eszopiclone (Lunesta)  
Flurazepam  
Quazepam (Doral)  
Ramelteon (Rozerem)  
Zolpidem Sublingual (Edluar)  
Zolpidem CR (Ambien CR)

#### **9-1;27. Skeletal Muscle Relaxants**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation. The motion seconded by Mr. McKay, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Baclofen  
Carisoprodol  
Carisoprodol Compound  
Chlorzoxazone  
Cyclobenzaprine  
Methocarbamol  
Tizanidine – (Generics only)

*Committee Recommendations for the NPDL are:*

Carisoprodol (Soma 250 mg.)  
Cyclobenzaprine (Fexmid)  
Cyclobenzaprine ER (Amrix)  
Dantrolene Sodium  
Metaxalone (Skelaxin)  
Orphenadrine  
Orphenadrine Compound  
Tizanidine (Zanaflex)

#### **9-1;28. Ulcerative Colitis Agents**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation. The motion seconded by Mr. McKay, passed unanimously with a roll call vote.

*Committee Recommendations for the PDL are:*

Balsalazide  
Mesalamine Enemas  
Mesalamine DR (Asacol)  
Mesalamine Suppositories (Canasa)  
Sulfasalazine

*Committee Recommendations for the NPDL are:*

Mesalamine ER (Apriso)  
Mesalamine Sulfite-Free Enemas (sfRowasa)  
Mesalamine MMX (Lialda)  
Mesalamine Oral (Pentasa)  
Olsalazine Oral (Dipentum)

- D. New Drugs Review.** The new drugs reviews or single drug reviews are on products that have come to the market since the last review of the class. The reviews at this meeting were new products in classes reviewed at the August 12, 2009 meeting. Seventeen (17) new drugs in fifteen (15) therapeutic classes were reviewed and recommendations were made. The P&T Committee recommendations follow:

#### **Class Review**

#### **Number**

#### **8-2;8. Antifungals, Topical**

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Terbinafine Hydrochloride/Hydroxypropyl Chitosan (**Terbinex Eco-Formula**) on the **NPDL**. The motion was seconded by Dr. Givler and passed unanimously with a roll call vote.

#### **8-2;10. Antihyperuricemics**

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Colchicine (**Colcrys**) on the **NPDL**. The motion was seconded by Dr. Givler and passed unanimously with a roll call vote.

#### **8-2;11. Antiparasitic Agents, Topical**

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Benzyl Alcohol (**Ulesfia**) on the **PDL**. The motion was seconded by Dr. Wolfson and passed unanimously with a roll call vote.

#### **8-2;13. Antipsychotics**

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drugs Paliperidone Palmitate Injection (**Invega Sustenna**) and Asenapine Sublinqual (**Saphris**) on the **NPDL**. The motion was seconded by Dr. Wolfson and passed unanimously with a roll call vote.

#### **8-2;20. Cytokine and CAM Antagonists**

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Golimumab Injection (**Simponi**) on the **NPDL**. The motion was seconded

by Dr. Wilkinson and passed unanimously with a roll call vote.

**8-2;23. Hypoglycemics, Incretin Mimetics/Enhancers**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation to place the new drug Saxagliptin (**Onglyza**) on the **PDL**. The motion was seconded by Dr. Wilkinson and passed unanimously with a roll call vote.

**8-2;28. Nonsteroidal Anti-Inflammatories (NSAIDS)**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation to place the new drug Diclofenac Potassium (**Zipsor**) on the **NPDL**. The motion was seconded by Dr. Givler and passed unanimously with a roll call vote.

**8-2;29. Ophthalmic Antibiotics**

Dr. Wilkinson offered the motion to accept Provider Synergies' recommendation to place the new drug Besifloxacin (**Besivance**) on the **NPDL**. The motion was seconded by Dr. Wolfson and passed with 11 yeas and 1 nay by Dr. Givler.

**8-2;30. Ophthalmics, Anti-Inflammatories**

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Ketorolac Tromethamine (**Acuvail**) on the **NPDL**. The motion was seconded by Dr. Murrill and passed unanimously with a roll call vote.

**8-2;31. Ophthalmics For Allergic Conjunctivitis**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation to place the new drug Bepotastine Besilate (**Bepreve**) on the **NPDL**. The motion was seconded by Dr. Givler and passed unanimously with a roll call vote.

**8-2;33. Pancreatic Enzymes**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation to place the new drug Pancrelipase (**Zenpep**) on the **PDL**. The motion was seconded by Dr. Firestone and passed unanimously with a roll call vote.

**8-2;34. Platelet Aggregation Inhibitors**

Dr. Wilkinson offered the motion to accept Provider Synergies' recommendation to place the new drug Prasugrel (**Effient**) on the **NPDL**. The motion was seconded by Dr. Wolfson and passed unanimously with a roll call vote.

**8-2;36. Steroids, Topical Low Potency**

Dr. Wolfson offered the motion to accept Provider Synergies' recommendation to place the new drug Hydrocortisone 2% Lotion (**Pediaderm HC**) on the **NPDL**. The motion was seconded by Dr. Wilkinson and passed unanimously with a roll call vote.

**8-2;37. Steroids, Topical Medium Potency**

Mr. McKay offered the motion to accept Provider Synergies' recommendation to place the new drug Mometasone Furoate 0.1% Cream (**Momexin**) on the **NPDL**. The motion was seconded by Dr. Givler and passed unanimously with a roll call vote.

**8-2;39. Stimulants and Related Agents**

Dr. Hussey offered the motion to accept Provider Synergies' recommendation to place the new drugs Guanfacine (**Intuniv**) on the **PDL** and Armodafinil (**Nuvigil**) on the

**NPDL.** The motion seconded by Dr. Murrill passed unanimously with a roll call vote.

- E. **Recommendation to Retire One Therapeutic Class from the PDL/NPDL Process.** Provider Synergies presented the **H. Pylori Agents** therapeutic class to the Committee and recommended the class be removed from the PDL/NPDL process upon the expiration of the state rebate agreements (SRA) for the drugs in this class. Provider Synergies explained there is no more savings to be realized in this class. Drugs in this class would be covered by the program without the possibility of requiring prior authorization. Mr. McKay offered the motion to accept the Provider Synergies' recommendation. Dr. Wolfson seconded the motion which carried unanimously with a voice vote.

**Next Steps:**

- A. **Therapeutic Classes proposed to be reviewed at Next Meeting.** Therapeutic classes proposed for review at the next meeting are:

Alzheimer Agents	Fluoroquinolones, Oral
Analgesics/Anesthetics, Topical	Glucocorticoids, Inhaled
Androgenic Agents	Hypoglycemics, Incretin Mimetics/Enhancers
Antibiotics, Vaginal	Hypoglycemics, Insulins
Antidepressants, Other	Intranasal Rhinitis Agents
Antidepressants, SSRIs	Leukotriene Modifiers
Antiemetics	Macrolides/Ketolides
Antifungals, Oral	NSAIDS
Antifungals, Topical	Ophthalmic Antibiotics
Antihyperuricemics	Ophthalmic Anti-inflammatories
Antiparasitics, Topical	Ophthalmics For Allergic Conjunctivitis
Antiparkinson Agents	Ophthalmics, Glaucoma Agents
Antipsychotics	Pancreatic Enzymes
Antivirals, Topical	Platelet Aggregation Inhibitors
Atopic Dermatitis	Steroids, Topical - High Potency
Bile Acid Salts	Steroids, Topical - Low Potency
Bone Resorption Suppression and Related Agents	Steroids, Topical - Medium Potency
Bronchodilators, Anticholinergic	Steroids, Topical - Very High Potency
Bronchodilators, Beta Agonist	Stimulants and Related Agents
Cephalosporins and Related Antibiotics	Tetracyclines, Oral
Cytokine and CAM Antagonists	

*Note: Therapeutic Classes scheduled for review are posted on the following websites:*

*DHH Medicaid - ([www.lamedicaid.com](http://www.lamedicaid.com))*

*Provider Synergies -*

*(<http://www.providersynergies.com/services/medicaid/default.asp?content=Louisiana>)*

**Next Meeting Date:**

The next Committee meeting was scheduled for Wednesday, August 11, 2010 at 9:00 a.m.

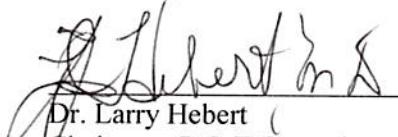
**Public Comment:**

There were no additional public comments\

**Adjournment:**

Dr. Yu offered a motion seconded by Dr. Wilkinson, to adjourn. The meeting adjourned at 1:09 p.m.

Attachments (3)



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Dr. Larry Hebert  
Chairman, P & T Committee  
August 11, 2010

## P & T Committee Overview



Medicaid Pharmacy Director  
M. J. Terrebonne, P.D.  
February 10, 2010

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## Pharmaceutical and Therapeutics Committee Overview

### ❖ ACT 395 –

- Authorizes the Department of Health and Hospitals (DHH) to establish a drug list utilizing a prior approval process or any other process or combination of processes that prove to be cost effective in the Medical Assistance Program
- Allows DHH to enter into contractual arrangements to perform the prior approval (PA) function

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## Pharmaceutical and Therapeutics Committee Overview

### ❖ The Louisiana Medicaid Pharmaceutical and Therapeutics Committee (P & T):

- Established in **August 2001**;
- Consists of **twenty-one (21)** members, appointed by the Governor;
- Reviews clinical and cost data on various **Therapeutic Classes of drugs**; and
- meets **Bi-Annually**.

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## Pharmaceutical and Therapeutics Committee Overview

- ❖ On June 10, 2002, the Department implemented a Preferred Drug List (PDL) with a Prior Authorization (PA) process and a Supplemental Drug Rebate Program through a phased-in approach
  - The University of Louisiana at Monroe (ULM) School of Pharmacy administers the PA function;
  - DHH contracts with Provider Synergies to negotiate State Supplemental Rebates;
  - The Preferred Drug List is updated bi-annually (April & October) based on committee's recommendations

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## Pharmaceutical and Therapeutics Committee Overview

### ❖ Provider Synergies, LLC

- Negotiate State Supplemental Rebates with Drug Manufacturers
- Prepare therapeutic class reviews
- Provide cost analysis information for the therapeutic classes
- Develop clinically sound and cost-effective recommendations to develop and manage the PDL

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## Therapeutic Classes

State Fiscal Year	Number of Classes
2007	<b>52</b>
2008	<b>57</b>
2009	<b>68</b>

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<b>Pharmacy Program</b>						
YEAR	# of Rxs	# of Recipients	Total Expenditures	Federal Rebates	State Supplemental Rebates	NET
2007	9,485,853	737,380	\$679,073,194	\$150,679,498	\$41,085,368	\$483,334,135
2008	9,969,582	772,696	\$767,707,137	\$202,853,376	\$37,833,592	\$527,020,179
2009	10,380,045	800,831	\$830,009,481	\$256,002,121	\$45,635,734	\$538,443,713

Source: Medical Vendor Report, Data Warehouse, LAFORIS & MFM-M-01  
Rebate Total computations do not include interest, and all figures were derived from State Fiscal Year parameters (July 1st - June 30th).

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### Pharmaceutical and Therapeutics Committee Overview

**Kimberly Sullivan**  
**DHH Attorney**

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### Pharmaceutical and Therapeutics Committee Overview

◆ **BYLAWS –**

- Committee members shall serve at the pleasure of the Governor unless removed in accordance with the provisions set forth in Article 1 – Section 7.
- Members shall not entertain individuals lobbying or marketing, or partake in any other activity/discussions with pharmaceutical manufacturers or their representatives which would call into question their impartiality when it comes to deciding which drugs may or may not be included on the preferred drug list.

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## Pharmaceutical and Therapeutics Committee Overview

### ❖ BYLAWS cont' –

- The Chairman and Vice-Chairman of the Committee shall be elected by the members of the Committee. The Department shall designate staff to assist the Chairman in his duties.
- The Committee shall meet quarterly or as prescribed by the Chairman.
- Regular meetings will be held on the first Wednesday of every month or on the next available Wednesday of the Committee's regular meeting place.

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## Pharmaceutical and Therapeutics Committee Overview

### ❖ BYLAWS cont' –

- The rules contained in Robert's Revised Rules of Order shall govern the Committee in cases to which they are applicable, and in which they are not inconsistent with the bylaws of the Committee.
- In accordance with La.R.S 42:5, all Committee meetings subject to La.R.S. 42:7(A) shall provide for an opportunity for public comment at such meeting, subject to reasonable rules, regulations, and restrictions as adopted by the public body.

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## Pharmaceutical and Therapeutics Committee Overview

### ❖ BYLAWS cont' –

- *The committee shall not take up an item not on the agenda unless there is unanimous approval of all the committee members present at the meeting. Prior to any vote on the motion to take up a new agenda item, there shall be an opportunity for public comment.*
- These bylaws may be amended by a majority of voting members. The Chairman shall provide a copy of proposed amendments to each Committee member at least two weeks prior to voting on the amendments.

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## Pharmaceutical and Therapeutics Committee Overview

### ❖ BYLAWS cont' –

- A quorum shall be established by the presence of a majority of voting members of whom at least five (5) must be physicians and one (1) must be a pharmacist. If quorum is not obtained for a regular scheduled meeting, the meeting will be rescheduled at the earliest possible date, and all Committee members informed at the discretion of the Chairman.

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## Pharmaceutical and Therapeutics Committee Overview

# ETHICS

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## P&T / DHH Staff

- ❖ M. J. Terrebonne – Pharmacy Director
- ❖ Carol Rumfola – Administrative Assistant
- ❖ Rachel Broussard – Pharmacist
- ❖ Kimberly Sullivan – DHH Attorney
- ❖ Germaine Becks-Moody – Program Manager
- ❖ Timothy Williams – Program Manager

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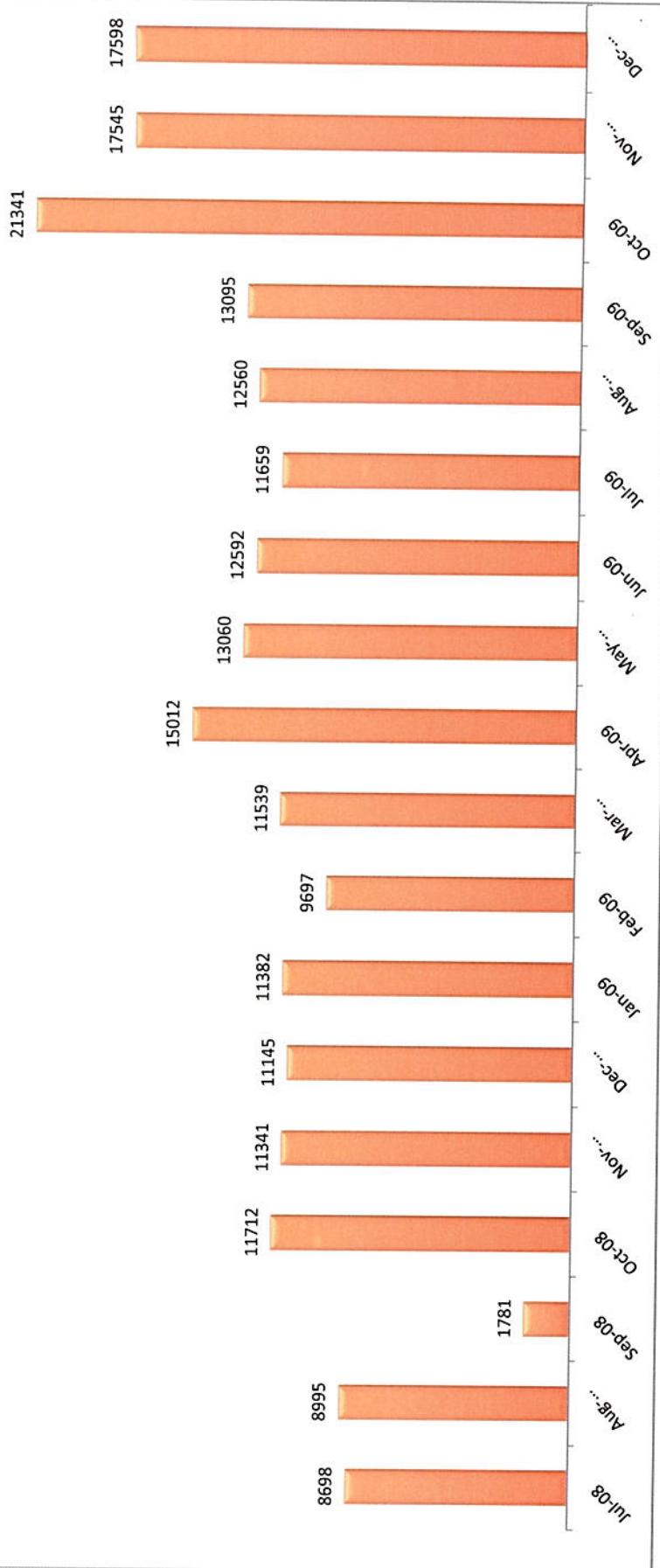
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**LOUISIANA MEDICAID PHARMACY BENEFITS MANAGEMENT PROGRAM****PRIOR AUTHORIZATION MONTHLY REPORT**

## Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
<b>1 ADD/ADHD</b>	<b>Stimulants and Related Agents</b>	Amphetamine Mixed Salt Amphetamine Mixed Salt ER (Adderall XR® - Brand only) Dexmethylphenidate Dexmethylphenidate (Focalin®) Dexmethylphenidate ER (Focalin XR®) Dextroamphetamine Lisdexamfetamine (Vyvanse®) Methylphenidate Methylphenidate ER Methylphenidate ER (Concerta®, Metadate CD®) Methylphenidate Transdermal (Daytrana Transdermal®)	Amphetamine Mixed Salt TR (generic only) Atomoxetine (Strattera®) Dextroamphetamine (Procentra®) Modafinil (Provigil®) Methamphetamine (Desoxyn®) Methylphenidate LA (Ritalin LA®)	
<b>2 ALLERGY</b>	<b>Antihistamines - Minimally Sedating</b>	Cetirizine OTC – Generic only Cetirizine Chewable OTC – Generic only Cetirizine Syrup OTC – Generic only Cetirizine – D OTC – Generic only Loratadine OTC – Generic only Loratadine Syrup OTC – Generic only Loratadine-D OTC – Generic only	Cetirizine/Pseudoephedrine (Semprex-D®) Cetirizine OTC (Zyrtec®) Cetirizine Syrup OTC (Zyrtec®) Cetirizine D OTC (Zyrtec-D®) Cetirizine RX Cetirizine RX Syrup Desloratadine (Clarinex®) Desloratadine Syrup (Clarinetex®) Desloratadine/Pseudoephedrine (Clarinex-D®) Fexofenadine Fexofenadine ODT (Allegra ODT®) Fexofenadine/Pseudoephedrine (Allegra-D®) Fexofenadine Syrup (Allegra Syrup®) Levocabetizine (Xyzal®) Levocabetizine Syrup (Xyzal®) Loratadine Chewable (Children's Claritin Chewable OTC®)	

## Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	Rhinitis Agents, Nasal	Azelastine (Astelin®) Azelastine (Astupro®) Mometasone (Nasonex®)	Betamethasone AQ (Beconase AQ®) Budesonide Aqua (Rhinocort Aqua®) Ciclesolide (Omnaris®) Flunisolide (Nasarel®) Flunisolide	
			Fluticasone Fluticasone Furoate (Veramyst®) Ipratropium Nasal Olopatadine HCl (Patanose®) Triamcinolone (Nasacort AQ®)	
3	ALZHEIMER'S		Galantamine Galantamine ER Rivastigmine Oral Solution (Exelon Solution®) Tacrine (Cognex®)	
	Alzheimer's Agents Cholinesterase Inhibitors	Donepezil (Aricept®) Donepezil (Aricept ODT®) Memantine HCl (Namenda®) Rivastigmine Oral (Exelon®) Rivastigmine Transdermal Patch (Exelon Transdermal®)		
4	ANTIPSYCHOTIC AGENTS			
	Antipsychotic Agents	Amitriptyline/Perphenazine Chlorpromazine Clozapine (Fazacl®) Fluphenazine Haloperidol Molindone (Modan®) Perphenazine Quetiapine (Seroquel®) Quetiapine ER (Seroquel XR®) Risperidone Thioridazine Thiothixene Trifluoperazine Ziprasidone (Geodon®)		

## Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
<b>Antipsychotic Agents , cont.</b>				
		Fluphenazine Decanoate Haloperidol Decanoate Ziprasidone (Geodon®)	Olanzapine (Zyprexa®) Risperidone (Risperdal Consta®)	<b>INJECTIONS</b>
5	<b>ASTHMA/COPD</b> <b>Bronchodilator, Beta-Adrenergic Agents</b>	Albuterol Sulfate Nebulizer Albuterol Sulfate HFA (ProAir HFA®) Albuterol Sulfate HFA MDI (Ventolin HFA®) Formoterol DPI (Foradil®) Levalbuterol Nebulizer HCL (Xopenex®) Salmeterol Xinafoate (Serevent Diskus®)	Albuterol Sulfate HFA MDI (Proventil HFA®) Albuterol Sulfate Nebulizer Low-Dose Arformoterol Inhalation Solution (Brovana Inhalation Solution®) Formoterol Inhalation Solution (Perforomist Inhalation Solution®) Levalbuterol HFA (Xopenex HFA®) Pirbuterol (Maxair Autohaler®)	<b>INHALATION</b>
		Albuterol Sulfate Albuterol Sulfate ER Terbutaline Sulfate	Metaproterenol Sulfate	<b>ORAL</b>
	<b>Bronchodilator, Anticholinergics</b>	Albuterol Sulfate/ipratropium MDI (Combivent®)	Albuterol Sulfate/pratropium Nebulizer	<b>INHALATION</b>
		Ipratropium Nebulizer Ipratropium Inhalation Aerosol MDI (Atrovent HFA®) Tiotropium Inhalation Powder (Spiriva®)	Ipratropium Nebulizer Ipratropium Inhalation Aerosol MDI (Atrovent HFA®) Tiotropium Inhalation Powder (Spiriva®)	

## Prior Authorization PDL Implementation Schedule

09/03/2009

Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
	Corticosteroids, Inhalation	Bclomethasone MDI (QVAR®) Budesonide/Formoterol MDI (Symbicort®) Budesonide Respules - 8 years old and under Budesonide Respules (Pulmicort - Respules®) - 8 years old and under Flunisolide MDI (Aerobid®) Flunisolide MDI (Aerobid M®)	Budesonide DPI (Pulmicort Flexhaler®) Budesonide Respules - 9 years old and over Budesonide Respules (Pulmicort - Respules®) - 9 years old and over Ciclesonide (Alvesco®) Mometasone DPI (Asmanex®)	
		Fluticasone MDI (Flovent®) Fluticasone MDI (Flovent HFA Inhaler) Triamcinolone MDI (Azmacort®) Fluticasone/Salmeterol DPI (Advair Diskus®) Fluticasone/Salmeterol MDI (Advair HFA®)		
	Leukotriene Modifiers	Montelukast (Singulair®) Zafirlukast (Accolate®)	Zileuton CR (Zyflo CR®)	
<b>6 DEPRESSION</b>	<b>Antidepressants, Other</b>	Bupropion HCl I.R. Bupropion HCl SR Mirtazapine Trazodone Venlafaxine ER	Bupropion HB/ER (Aplenzin®) Bupropion HCl XL Bupropion HCl XL (Wellbutrin XL®) Desvenlafaxine (Pristiq®) Duloxetine (Cymbalta®) Nefazodone Selegiline Patch (Emsam®) Venlafaxine Venlafaxine ER (Effexor XR brand only)	
	<b>Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	Citalopram Escitalopram (Lexapro®) Fluoxetine Fluvoxamine Paroxetine Sertraline	Fluvoxamine CR (Luvox CR®) Fluoxetine ER (Prozac Weekly®) Paroxetine CR Paroxetine Mesylate (Pexeva®)	

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7	<b>DERMATOLOGY</b>			
	<b>Antifungals - Topical</b>	Ciclopirox Shampoo (Loprox®) Clotrimazole Rx Clotrimazole/Betamethasone Ketoconazole Cream Ketoconazole Shampoo (Rx only) Naftifine (Naftin®) Nyastatin Nyastatin w/ Triamcinolone Oxiconazole (Oxistat®)	Butenafine (Mentax®) Ciclopirox (CNL8®) Ciclopirox Cream Ciclopirox Gel Ciclopirox Solution Ciclopirox Suspension Econazole Ketoconazole Foam (Extina Foam®) Ketoconazole (Xolegel®) Micronazole/zinc oxide/white petrolatum (Vusion®) Sertaconazole Nitrate (Ertaczo®)	
	<b>Antiparasitic Agents, Topical</b>	Crotamiton (Eurax®) Malathion (Ovide® - Brand only) Permethrin	Lindane Malathion (generic only)	
	<b>Antiviral Agents, Topical</b>	Penciclovir Cream (Denavir®)	Acyclovir Cream (Zovirax®) Acyclovir Ointment (Zovirax®)	
	<b>Atopic Dermatitis Immunomodulators</b>	Pimecrolimus (Eliel®) Tacrolimus (Protopic®)	NONE	
	<b>Impetigo Agents, Topical</b>	Mupirocin Ointment Topical Mupirocin Cream Topical (Bactroban®) Retapamulin (Altabax®)	NONE	

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<b>STERIODS, TOPICAL</b>				
	<b>Low Potency</b>			
	Alclometasone Dipropionate		Desonide (Verdeso®)	
	Desonide		Desonide (Desonate®)	
	Fluocinolone Acetonide (Derma-Smoothie-FS)			
	Fluocinolone Acetonide Shampoo (Capex®)			
	Hydrocortisone			
	<b>Medium Potency</b>			
	Fluocinolone Acetonide		Clocortolone Pivalate (Clobderm®)	
	Fluticasone Propionate		Flurandrenolide Tape (Cordran Tape®)	
	Fluticasone Propionate Lotion (Cutivate Lotion)		Hydrocortisone Butyrate (Locoid Lipocream®)	
	Betamethasone Valerate (Luxiq®)			
	Hydrocortisone Butyrate			
	Hydrocortisone Valerate			
	Mometasone Furoate			
	Prednicarbate			
	<b>High Potency</b>			
	Amcinonide		Desoximetasone	
	Betamethasone Dipropionate		Diflorasone Diacetate	
	Betamethasone Valerate		Fluocinonide (Names®)	
	Flucononide		Halcinonide (Halog®)	
	Flucononide-E			
	Flucononide Emollient			
	Triamcinolone Acetonide			
	<b>Very High Potency</b>			
	Clobetasol Emollient		Clobetasol Propionate (Clobex®)	
	Clobetasol Propionate		Clobetasol Propionate (Olux-Olux-E Pack®)	
	Halobetasol Propionate		Clobetasol Propionate (Olux-E®)	
8	<b>DIABETES</b>			
	Hypoglycemics, Meglitinides		Repaglinide/Metformin (Prandimet®)	
			Repaglinide (Prandin®)	

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	<b>Hypoglycemics, Thiazolidinediones (TZDs)</b>	Pioglitazone (Actos®) Pioglitazone/Glimepiride (Duetact®) Pioglitazone/Metformin (Actoplus Met®) Rosiglitazone (Avandia®) Rosiglitazone/Glimepiride (Avandaryl®) Rosiglitazone/Metformin (Avandamet®)		None
	<b>Hypoglycemics Insulins &amp; Related Agents</b>	Human Insulin & Pens (Humulin®) Insulin Detemir & Pens (Levemir®) Insulin Glargine & Pens (Lantus®) Insulin Lispro & Pens (Humalog®) Insulin Lispro/Protamine Lispro & Pens (Humalog Mix®)	Human Insulin & Pens (Novolin®) Insulin Aspart & Pens (Novolog®) Insulin Aspart/Insulin Aspart Protamine & Pens (Novolog Mix 70/30®) Insulin Glulisine & Pens (Apidra®)	
	<b>Hypoglycemics</b>			
	<b>Incretin Mimetics/Enhancers</b>	Exenatide (Byetta, Pens®) Pramlintide (Symlin®) Pramlintide Pens (Symlin Pens®) Sitagliptin (Januvia®) Sitagliptin/Metformin (Janumet®)	NONE	
9	<b>DIGESTIVE DISORDERS</b>			
	<b>Antiemetic Agents</b>	Dronabinol (Marinol® - Brand only) Ondansetron / Ondansetron ODT	Aprepitant (Emend®) Dolasetron (Anzemet®) Dronabinol (generic only) Granisetron Granisetron Transdermal (Sancuso®) Nabilone (Cesamet®)	
	<b>H. Pylori Agents</b>	Metronidazole+Tetracycline+Bismuth subsalicylate (Helida®)	Bismuth Subcitrate Potassium+Metronidazole+Tetracycline (Pylera®) Lansoprazole+Amoxicillin+Clarithromycin (Prevac®)	

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<b>GERD AND RELATED DISORDERS</b>				
	Proton Pump Inhibitors	Esomeprazole (Nexium®) Esomeprazole Suspension (Nexium®) Lansoprazole Capsule (Prevacid®) Lansoprazole Solutabs (Prevacid®)	Dexlansoprazole (Kapidex®) <b>Omeprazole</b> <b>Omeprazole Magnesium Suspension (Prilosec Suspension®)</b> Pantoprazole Rabeprazole (Aciphex®)	
	Pancreatic Enzymes	Dybase Lapase Pancrelipase Viokase Pancrease MT Creon	Pancrecarb MS Ultrase	
9	<b>DIGESTIVE DISORDERS</b> <b>ULCERATIVE COLITIS</b>	Balsalazide Mesalamine Enemas Mesalamine (Asacol®) Mesalamine Suppositories (Canasa®) Sulfasalazine Sulfite-free Mesalamine Suspension Enema (SF Rowasa®)	Mesalamine ER Oral (Pentasa, Apriso®) Mesalamine MMX (Lialda®) Olsalazine Oral (Dipentum®)	
10	<b>GROWTH DEFICIENCY</b> <b>Growth Hormones</b>	Somatotropin (Genotropin®) Somatotropin (Norditropin®) Somatotropin (Nutropin®) Somatotropin (Nutropin AQ®)	Somatotropin (Humatrope®) Somatotropin (Omnitrope®) Somatotropin (Saizen®) Somatotropin (Serostim®) Somatotropin (Tev-Tropin®) Somatotropin (Zorbtive®)	

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11	Gout Agents			
	Antihyperuricemics	Allpurinol Colchicine Probenecid Probenecid/Colchicine	Febuxostat (Uloric*)	
12	HEART DISEASE			
	HYPERTERPIDEMA			
	Antihyperlipidemic Agents -			
	Non Statins	Colestyramine Colestipol Fenofibrate (Tricor*) Fenofibric Acid (Triplix*) Gemfibrozil Niacin ER (Niaspan*) Niacin IR (Niacor*)	Colesevelam (Welchol*) Ezetimibe (Zetia*) Fenofibrate (Antara*) Fenofibrate (Fenoglide*) Fenofibrate (Generics) Fenofibrate (Lipofen*) Fenofibrate (Triglide*) Omega-3-acid ethyl esters (lovaza*)	Ezetimibe/Simvastatin (Vytoriin*) Niacin ER/Lovastatin (Advicor*)
	Statins & Statin Combination Agents			
		Amlodipine/Atorvastatin (Caduet*) Atorvastatin (Lipitor*) Fluvastatin (Lescol*) Fluvastatin XL (Lescol XL*) Lovastatin Lovastatin ER (Altopen*) Niacin ER/Simvastatin (Simcor*) Pravastatin Rosuvastatin (Crestor*) Simvastatin		

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<b>HYPERTENSION</b>				
<b>ACE Inhibitors &amp; Related Agents</b>				
	Benazepril			
	Benazepril/HCTZ			
	Captopril			
	Captopril/HCTZ			
	Enalapril			
	Enalapril/HCTZ			
	Enalapril/HCTZ			
	Fosinopril			
	Fosinopril/HCTZ			
	Lisinopril			
	Lisinopril/HCTZ			
	Perindopril (Aceon®)			
	Quinapril			
	Quinsapril/HCTZ			
	Ramipril (Altace®)			
	Trandolapril			
<b>Angiotensin Modulators/Calcium Channel Blockers Combination Products</b>				
	Amlodipine/Benazepril - Generic only			
	Amlodipine/Olmesartan (Azor®)			
	Amlodipine/Valsartan (Exforge®)			
	Verapamil SR/Trandolapril (Tarka®)			
<b>Angiotensin II Receptor Blockers (ARBs)</b>				
	Iresartan (Avapro®)			
	Iresartan/HCTZ (Avalide®)			
	Losartan (Cozaar®)			
	Losartan/HCTZ (Hyzaar®)			
	Olmesartan (Benicar®)			
	Olmesartan/HCTZ (Benicar HCT®)			
	Telmisartan (Micardis®)			
	Telmisartan/HCTZ (Micardis HCT®)			
	Valsartan (Diovan®)			
	Valsartan/HCTZ (Diovan HCT®)			

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	<b>Beta Adrenergic Receptor Blocking Agents</b>			October 1, 2009
	Acebutolol		Betaxolol	
	Atenolol		Carvedilol CR (Coreg CR*)	
	Bisoprolol Fumarate			
	Carvedilol			
	Labetalol			
	Metoprolol Succinate ER			
	Metoprolol Tartrate			
	Nadolol			
	Nebivolol (Bystolic*)			
	Penbutolol (Levatol*)			
	Pindolol			
	Propranolol			
	Propranolol ER (Innopran XL*)			
	Propranolol LA			
	Sotalol			
	Sotalol AF			
	Timolol Maleate			
	<b>Calcium Channel Blockers</b>			
	Amlodipine	Diltiazem ER (Cardizem LA*)		
	Diltiazem IR	Nicardipine SR (Cardene SR*)		
	Diltiazem ER (Generics)	Nisoldipine – Generics only		
	Diltiazem SR	Verapamil ER (Covera HS*)		
	Felodipine ER	Verapamil ER PM		
	Iradipine IR			
	Iradipine SR (Dynacirc CR*)			
	Nicardipine			
	Nifedipine ER			
	Nifedipine IR			
	Nimodipine			
	Nisoldipine (Sular*)			
	Verapamil			
	Verapamil ER (Generics)			
	Verapamil IR			

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		Verapamil SR		
12	<b>PLATELET AGGREGATION INHIBITORS</b>			
	Platelet Aggregation Inhibitors			
		Aspirin/Dipyridamole ER (Aggrenox®)	Ticlopidine	
		Clopidogrel (Plavix®)		
		Dipyridamole		
	<b>ANTICOAGULANTS, INJECTABLES</b>			
	Anticoagulants, Injectable			
		Dalteparin (Fragmin®)	Tinzaparin (Innohep®)	
		Enoxaparin (Lovenox®)		
		Fondaparinux (Arixtra®)		
	<b>PULMONARY ARTERIAL HYPERTENSION (PAH)</b>			
		Ambroxol (Letairis®)	Bosentan (Tracleer®)	
		Sildenafil (Revatio®)		
13	<b>HEMATOLOGIC AGENTS</b>			
	<b>HEMATOPOIETIC AGENTS</b>			
	Erythropoietins			
		Darbepoetin alfa (Aranesp®)	Epoetin alfa (Epogen®)	
		Epoetin alfa (Procrit®)		
	<b>Anticoagulants - refer to HEART DISEASE</b>			
14	<b>HEMODIALYSIS</b>			
	Phosphate Binders			
		Calcium Acetate (Phoslo® - Brand only)	Calcium Acetate (Generics)	
		Lanthanum (Fosrenol®)	Calcium Acetate (Eliphos®)	
		Sevelamer HCL (RenaGel®)	Sevelamer Carbonate (Renvela®)	
15	<b>HORMONE THERAPY</b>			
	Androgenic Agents			
		Testosterone Transdermal Patch (Androderm®)	Testosterone Gel 1% (Testim®)	
		Testosterone Gel 1% (Androgel®)		

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16	HYPERLIPIDEMIA - REFER TO HEART DISEASE			
17	IMMUNE DISORDERS - REFER TO MULTIPLE SCLEROSIS			
18	INFECTIOUS DISORDERS			
	ANTIBIOTICS			
	Cephalosporin and Related Antibiotics			
	Amoxicillin/Clavulanate Tablets	Cefdinir		
	Amoxicillin/Clavulanate Suspension	Cefpodoxime		
	Amoxicillin/Clavulanate Susp (Augmentin*)			
	Amoxicillin/Clavulanate ER (Augmentin XR*)			
	Cefaclor			
	Cefadroxil			
	Cefditoren Pivoxil (Spectracef*)			
	Cefixime (Suprax*)			
	Cefprozil			
	Ceftibuten (Cedax*)			
	Cefuroxime Axetil			
	Cephalexin			
				<u>ORAL</u>
				Ciprofloxacin Suspension (Cipro Suspension*)
				Ciprofloxacin ER
				Ciprofloxacin ER (Proquin XR*)
				Gemifloxacin Mesylate (Factive®)
				Levofloxacin (Levaquin®)
				Norfloxacin (Noroxin®)
				Ofloxacin
	Fluoroquinolones			
	Ciprofloxacin Tablets			
	Moxifloxacin (Avelox*)			
	Antibiotics, Gastrointestinal			
	Metronidazole			
	Neomycin			
	Nitazoxanide (Alinia*)			
	Tinidazole (Tindamax*)			

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	Vancomycin (Vancocin®)			
	Macrolides - Ketolides	Azithromycin Erythromycin Base Erythromycin Estolate Erythromycin Ethylsuccinate Erythromycin Stearate	Azithromycin ER (Zmax®) Clarithromycin Clarithromycin ER Telithromycin (Ketek®)	
	Tetracyclines	Doxycycline Minocycline Tetracycline	Demeclocycline Doxycycline DR (Oracea®)	
	Vaginal		Clinidamycin Vaginal Cream Clinidamycin Vaginal Cream (Clindesse®) Clinidamycin Vaginal Ovules (Cleocin®) Metronidazole Vaginal Gel Metronidazole Vaginal Gel (Vandazole®)	NONE
				OPHTHALMIC ANTIBIOTICS - refer to Ophthalmic Disorders
				OTIC ANTIBIOTICS - refer to Otic Agents
	ANTIFUNGALS	Fluconazole Griseofulvin (Gris-Peg®) <b>Griseofulvin Suspension</b>	Chlortrimazole Troches Flucytosine (Ancobon®) Griseofulvin Tablets (Grifulvin V®)	
		Ketoconazole Nystatin Terbinafine (no granules)	Itraconazole Posaconazole (Noxafil®) Terbinafine Granules (Lamisil Granules®) Voriconazole (VFEND®)	

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	<b>HEPATITIS AGENTS</b>			October 1, 2009
	Hepatitis C Agents	Ribavirin Peginterferon alfa 2a (Pegasys®) Peginterferon alfa 2b (Peg-intron®) Peginterferon alfa 2b (Peg-intron Redipen®)	Consensus Interferon (Infergen®)	
19	<b>MULTIPLE SCLEROSIS</b>	Glatiramer (Copaxone®) Interferon beta - 1a (Avonex®) Interferon beta - 1b (Betaseron®) Interferon beta - 1a (Rebif®)	NONE	
20	<b>OPHTHALMIC DISORDERS</b>	Loteprednol (Alrex®) Olopatadine HCl (Pataday®) Olopatadine HCl (Patanady®)	Azelastine Hydrochloride (Optivar®) Cromolyn Sodium Emedastine Difumarate (Emadine®) Epinastine HCl (Elestat®) Ketorolac Tromethamine (Acular®) Ketotifen Fumarate (RX only) Lodoxamide Tromethamine (Alomide®) Nedocromil Sodium (Alocril®) Pemirolast Potassium (Alamast®)	
	<b>Glaucoma Agents</b>			
	Intraocular Pressure (IOP) Reducers	Betaxolol Betalol (Betoptic S®) Brimonidine Tartrate (Alphagan P®) Brimonidine Tartrate Brimonidine/Timolol (Combigan®) Brinzolamide (Azopt®) Carteolol Dipivefrin (Propine®)	Bimatoprost (Lumigan®) Dorzolamide (generic only) Dorzolamide/Timolol (generic only)	

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	Intraocular Pressure (IOP) Reducers, cont.	Dorzolamide (Trusopt® - Brand only) Dorzolamide/Timolol (Cosopt® - Brand only)  Latanoprost (Xalatan®)		
	Levobunolol			
	Metipranolol			
	Pilocarpine			
	Timolol (Betimol®)			
	Timolol Maleate			
	Timolol LA (Istalol®)			
	Travoprost (Travatan, Travantan Z®)			
	Ophthalmics, Antibiotic			
	Bacitracin/Polymyxin	Azithromycin 1% (Azasite®)		
	Erythromycin	Ciprofloxacin Ointment (Ciloxan®)		
	Gentamicin	Ciprofloxacin Solution		
	Moxifloxacin (Vigamox®)	Gatifloxacin (Zymar®)		
	Neomycin-Polymyxin-Gramicidin	Levofloxacin (Quix®)		
	Tobramycin (Tobrex®)	Levofloxacin (Quixin®)		
	Triple Antibiotic	Natamycin (Natacyn®)		
		Ofloxacin Solution		
	Ophthalmics, Anti-Inflammatories			
	Dexamethasone (Maxidex®)	Bromfenac (Xibrom®)		
	Dexamethasone Sodium Phosphate	Defluriprednate (Durezol®)		
	Diclofenac	Fluocinolone (Flatisert®)		
	Fluorometholone	Ketorolac (Acular LS®)		
	Fluorometholone (Flarex®)	Ketorolac PF (Acular PF®)		
	Fluorometholone (FML Forte®)	Nepafenac (Nevanac®)		
	Fluorometholone (FML S.O.P.®)	Rimexolone (Vexol®)		
	Flurbiprofen	Triamcinolone Acetonide (Tricesne®)		
	Loteprednol (Lotemax®)			
	Prednisolone Acetate (Prep Mild®)			

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21	<b>OTIC AGENTS</b>			
	Fluoroquinolones	Ciprofloxacin/Dexamethasone (Ciprodex OTIC*) Ofloxacin (Floxin® - Brand only)		Ciprofloxacin/Hydrocortisone (Cipro HC OTIC*) Ofloxacin - Generics
22	<b>OSTEOPOROSIS</b>			
	Bone Resorption Suppression Agents	Alendronate Sodium Calcitonin - Salmon Nasal (generic) Calcitonin-Salmon Nasal (Miacalcin®) Ibandronate Sodium (Boniva®) Risedronate (Actone®)		Alendronate Solution (Fosamax Solution*) Alendronate/Vit D (Fosamax Plus D®) Calcitonin-Salmon Nasal (Forteil®) Etidronate Disodium Haloxifene (Evista®) Risedronate/Calcium (Actone) with Calcium* Teriparatide Subcutaneous (Forteo®)
23	<b>PAIN MANAGEMENT</b>			
	Analgesics/Anesthetic, Topical	Diclofenac Sodium Gel (Voltaren®) Lidocaine Patch (Lidoderm®)		Diclofenac Epolamine Patch (Flecten®)
	<b>Analgesics, Narcotics Short Acting</b>			
		Acetaminophen w/Codeine Aspirin w/Codeine Codeine Phosphate Codeine Sulfate		Acetaminophen/Caffeine/Dihydrocodeine Bitartrate (Panlor DC®) Fentanyl Citrate Buccal (Generics & Actiq®, Fentora®) Hydromorphone (Dilauidid Oral Liquid) Opium Tincture
		Acetaminophen/Caffeine/Dihydrocodeine Bitartrate- (Generics) Hydrocodone/Acetaminophen Hydrocodone Bitartrate/Ibuprofen Hydromorphone Meperidine HCL Morphine Sulfate IR Oxycodone IR		Oxymorphone (Numorphan®) Oxymorphone IR (Opana®) Propoxyphene Napsylate (Darvon-N®)
		Oxycodone/Acetaminophen Oxycodone w/Aspirin Oxycodone/Ibuprofen		

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	Analgesics, Narcotics Short Acting, cont.	Pentazocine/Naloxone HCl Pentazocine/Acetaminophen  Propoxyphene Propoxyphene HCL w/APAP Propoxyphene Napsylate w/APAP Tramadol  Tramadol/Acetaminophen		
23	Analgesics, Narcotics Long Acting	Fentanyl Transdermal (Duragesic) – Brand Only  Methadone HCL  Morphine Sulfate ER (Kadian) Morphine Sulfate ER (Generic)	Fentanyl Transdermal (Generic only)  Morphine Sulfate ER (Avinza®)  Oxycodone ER Oxycodone ER (Oxycontin®) Oxymorphone ER (Opana ER®) Tramadol ER (Ultram ER®)	
	Nonsteroidal Anti-Inflammatories (NSAIDs)	Diclofenac Etodolac Fenoprofen Flurbiprofen Ibuprofen Rx  Indomethacin Oral and Rectal Ketoprofen Ketorolac  Meclofenamate Sodium Meloxicam Naproxen Rx Oxaprozin Piroxicam Sulindac Tolmetin Sodium	Celecoxib (Celebrex®) Diclofenac/Misoprostol (Arthrotec®) Nabumetone	

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<b>Immunomodulators and Related Agents</b>				
	Adalimumab (Humira®)		Abatacept (Orencia®)	
	Etanercept (Enbrel®)		Alefacet (Amveive®)	
			Anakinra (Kineret®)	
			Certolizumab Pegol (Cimzia®)	
			Infliximab (Remicade®)	
 <b>Antimigraine Agents, Triptans</b>				
	Eltromitriptan (Relpax®)		Almotriptan (Axert®)	
	Sumatriptan Injection – Generic only		Frovatriptan (Frova®)	
	Sumatriptan Nasal – Generic only		Naratriptan (Amerge®)	
	Sumatriptan Oral – Generic only		Rizatriptan (Maxalt®, Maxalt MLT®)	
	Sumatriptan/Naproxen (Triptimet®)		Sumatriptan (Imitrex Injection)	
			Sumatriptan (Imitrex Nasal)	
			Sumatriptan (Imitrex Oral)	
			Zolmitriptan (Zomig, Zomig ZMT®)	
			Zolmitriptan (Zomig® nasal)	
 <b>Skeletal Muscle Relaxants</b>				
	Baclofen		Carisoprodol (Soma 250 mg®)	
	Chlorzoxazone		Cyclobenzaprine (Flexmid®)	
	Cyclobenzaprine – Generics		Cyclobenzaprine ER (Amrix®)	
	Methocarbamol		Dantrolene Sodium	
	Carisoprodol – Generics		Metaxalone (Skelaxin®)	
	Carisoprodol Compound		Orphenadrine	
	Tizanidine – Generics only		Orphenadrine Compound	
			Tizanidine (Zanaflex®)	

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Item Nbr	Descriptive Therapeutic Class	Drugs on PDL	Drugs which Require PA	Effective Date: October 1, 2009
24	<b>PARKINSON'S</b>  Antiparkinson Agents - Anticholinergic and Other	Benztrapine Levodopa/Carbidopa Levodopa/Carbidopa/Entacapone (Stalevo®) Ropinirole Selegiline Trihexyphenidyl	Bromocriptine Entacapone (Comtan®) Levodopa/Carbidopa ODT Pramipexole (Mirapex®) Rasagiline (Azilect®) Ropinirole ER (Requip XL®) Selegiline (Zel普pa®) Tolcapone (Tasmar®)	
25	<b>SEDATIVE/HYPNOTICS</b>  Sedative/Hypnotics	Chloral Hydrate Temazepam Temazepam (Restoril 7.5mg®) Triazolam Zaleplon Zolpidem	Estazolam Eszopiclone (Lunesta®) Flurazepam Quazepam (Doral®) Rameitecon (Rozerem®) Zolpidem CR (Ambien CR®)	
26	<b>UROLOGY</b>  <b>INCONTINENCE</b>  Bladder Relaxant Preparations	Oxybutynin Oxybutynin transdermal (Oxytrol®) Solifenacin (VESicare®) Tolterodine ER (Detro- LA®)	Darifenacin (Enablex®) Fesoterodine Fumarate (Toviaz®) Oxybutynin ER Tolterodine (Detro-) Trospium (Sanctura®) Trospium (Sanctura XR®)	
	<b>PROSTATE</b>  Benign Prostatic Hyperplasia Treatment (BPH)	Alfuzosin (Uroxatral®) Doxazosin Dutasteride (Avodart®) Finasteride Tamsulosin (Flomax®)	Doxazosin XL (Cardura XL®) Silodosin (Rapaflo®)	